

Signature of Applicant:

Phone: (830) 931-4090 703 PARIS STREET Fax: (830) 931-9186

CASTROVILLE, TEXAS 78009

For Manufacture Home Placement.

## Manufactured Home Permit Application

Permit #	Valuation: \$		
Project Address:	Zoning:		
Project Description:			
Utilities Needed: ☐ Water   ☐ Sewer	□ Electric   □ G	Gas   🗖 None	
Project in Floodplain:   No   Yes If Yes, a Floodplain Development Permit is required.			
APPLICANT Name: Contact Person:			
Name:			
Address:			
Phone Number: Fax Num		Email:	
PROPERTY OWNER  Name: Contact Person:			
Address:			
Phone Number: Fax Num	Fax Number:		
I, the undersigned am the owner of the above mentioned property and I hereby authorize the placement of this Manufactured Home on said property.			
ignature: Date:			
MANUFACTURED HOME INFORMATION  Manufacturer's Name: Model Name/No.:			
Label / Decal #	Serial # Year of Manufacture:		
Weight: lbs. Sizeft. Xft.		Sections: Value of Man. Home \$	
Man. Home. Installer	Contact Person	Phone Number	Contractor License Number
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number
Electrical Contractor	Contact Person	Phone Number	Contractor License Number
Resp. Master Plumber	Contact Person	Phone Number	Contractor License Number
City of Castroville Highway 90 Design Criteria may apply. A permit becomes null and void if work or construction authorized is not commenced within 180 days of the date of permit issuance, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All work is subject to inspections and approvals.			
A certificate of occupancy must be issued before any building is occupied.			
hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. No work may begin until proper permits are approved and all associated fees have been paid.			